DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/10/2013 FORM APPROVED OMB NO. 0938-0391

MANE OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES SUMMARY STATEMENT OF DEFICIENCES 136 N MADERSON, IN 4601 PRECIAL TAG FROM DEFICIENCY VIUST REPRECEDED BY FULL TAG FOOD INITIAL COMMENTS This visit was for the Investigation of Complaints IN00140329, IN00140442, and IN00140847. Complaint IN00140329 - Unsubstantiated due to lack of evidence Complaint N00140847 - Unsubstantiated due to lack of evidence Survey date: December 5, 2013 Facility number: 100270840 Surveyor: Betty Retherford RN Census bed type: SNF'NF: 128 SNF: 26 Total: 154 Census payor type: Medicare: 20 Med	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
MANORCARE HEALTH SERVICES MANORCARE HEALTH SERVICES 138 MADISON AND MADISON MEDIT PLAN OF CORRECTION (MADISTRA) PREFIX TAG SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICENCY BUST THE PROCEDED BY FULL REGULATORY OR LISO (DEPTHY MAD BY ORDINATION) FOOD INITIAL COMMENTS This visit was for the Investigation of Complaints (ND0140329, IN00140442, and IN001409847. Complaint IN00140329 - Unsubstantiated due to lack of evidence Complaint (ND0140329 - Unsubstantiated due to lack of evidence Complaint (ND0140847 - Unsubstantiated due to lack of evidence Complaint (ND0140847 - Unsubstantiated due to lack of evidence Survey date: December 5, 2013 Facility number: 155005 AlM number: 1000270840 Surveyor: Betty Retherford RN Census bed type: SNFN:P: 128 SNF: 26 Total: 154 Census payor type: Medicare: 20 Medicare: 108 Other: 26 Total: 154 Sample: 6 Manor Care Health Services was found to be in complaince with 42 CFR Part 483, Subpart B and 410 IAC: 16, 2 in regard to the investigation of Complaints (N00140329, IN00140442, and IN00140329, IN00140442, and IN00140329.			155005	B. WING _			C 12/05/2013	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) FOOD INITIAL COMMENTS This visit was for the Investigation of Complaints IN00140329, IN00140442, and IN00140847. Complaint IN00140329 - Unsubstantiated due to lack of evidence Complaint IN00140424 - Unsubstantiated due to lack of evidence Complaint IN00140447 - Unsubstantiated due to lack of evidence Complaint IN00140847 - Unsubstantiated due to lack of evidence Survey date: December 5, 2013 Facility number: 000005 Provider number: 155005 AIM number: 100270840 Surveyor: Betty Retherford RN Census bed type: SNF/NF: 128 SNF: 26 Total: 154 Census payor type: Medicare: 20 Medicaid: 108 Other: 26 Total: 154 Sample: 6 Manor Care Health Services was found to be in compilance with 42 CFR Part 483, Subpart B and 410 IAC 16.2 in regard to the Investigation of Compilants IN00140847.	NAME OF PROVIDER OR SUPPLIER				1345 N MADISON AVE		12/00/2010	
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ARORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE		compliance with 42 C 410 IAC 16.2 in regar Complaints IN001403 IN00140847.	FR Part 483, Subpart B and d to the Investigation of 29, IN00140442, and					

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) D	(X3) DATE SURVEY COMPLETED	
		155005	B. WING _			C 12/05/2013	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		12/03/2013	
MANORCA	ARE HEALTH SERVICES			1345 N MADISON AVE			
MARORO	ARE HEAETH GERVIGES			ANDERSON, IN 46011			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 000	Continued From page 1		F 0	00			
	Quality Review 12/09	9/13 by Lisa McColly					